

Complete Summary

TITLE

Dental care: percentage of enrolled members ages 3 through 21 years who had at least one dental visit during the measurement year.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 374 p.

Brief Abstract

DESCRIPTION

This measure assesses the percentage of enrolled members ages 3 through 21 years who were continuously enrolled during the measurement year and who had at least one dental visit during the measurement year. This measure will apply only where dental care is a covered benefit in the managed care organization's (MCO's) Medicaid contract and at the state's prerogative.

RATIONALE

Dental caries (tooth decay) is the single most common chronic childhood disease. Over 50 percent of 5 to 9 year olds have at least one cavity or filling and that proportion increases to 78 percent among 17 year olds. The social impact of oral diseases in children is substantial: 1) more than 51 million school hours are lost each year to dental-related illness; 2) poor children suffer nearly 12 times more restricted-activity days than children from higher income families and 3) untreated dental disease can lead to problems in eating, speaking and attending to learning. Despite the fact that comprehensive coverage for pediatric dental services has been required under Medicaid, utilization of dental services by children is relatively low.

PRIMARY CLINICAL COMPONENT

Dental caries (tooth decay); gingivitis (gum inflammation); oral diseases; dental care; access

DENOMINATOR DESCRIPTION

Medicaid members ages 3 through 21 years as of December 31 of the measurement year who were continuously enrolled during the measurement year

with no more than one gap in enrollment of up to 45 days during the measurement year

NUMERATOR DESCRIPTION

One (or more) dental visits with a dental practitioner during the measurement year (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Access

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Wide variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Gayles M. (Health Care Analyst, Quality Measurement. National Committee for Quality Assurance. Washington, DC). Personal communication [supplemental materials attached]. 2003 Oct 24. 17 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Decision-making by businesses about health-plan purchasing
Decision-making by consumers about health plan/provider choice
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Managed Care Plans
Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Dentists

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Ages 3 through 21 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Tooth decay is the most common disease known to man. The number of cavities in school-age children has been declining since the 1940s, yet the average child still has at least:

- 1 cavity in permanent teeth by age 9
- 2.6 cavities in permanent teeth by age 12
- 8 cavities in permanent teeth by age 17

In fact, the average American adult has between 10 and 17 decayed, missing or filled permanent teeth. Additionally, about half of all adults have gingivitis (gum inflammation) and 80 percent have experienced some degree of destruction of the bone supporting the teeth.

EVIDENCE FOR INCIDENCE/PREVALENCE

Hale KJ. Oral health risk assessment timing and establishment of the dental home. *Pediatrics* 2003 May; 111(5 Pt 1):1113-6. [22 references] [PubMed](#)

ASSOCIATION WITH VULNERABLE POPULATIONS

According to the recently released Surgeon General's Report on Oral Health, dental and oral disease are silent diseases that affect poor Americans - especially children and the elderly.

EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

U.S. Department of Health and Human Services. Oral health in America: a report of the Surgeon General. Rockville (MD): U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health; 2000 Sep. 308 p.

BURDEN OF ILLNESS

More than 51 million school hours are lost each year to dental-related illness. Poor children suffer nearly twelve times more restricted-activity days than children from higher income families. Pain and suffering due to untreated diseases can lead to problems in eating, speaking and attending to learning. Additionally, because tooth decay and periodontal disease are progressive and cumulative, poor oral health and dental disease often continue from childhood into adulthood.

EVIDENCE FOR BURDEN OF ILLNESS

U.S. Department of Health and Human Services. Oral health in America: a report of the Surgeon General. Rockville (MD): U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health; 2000 Sep. 308 p.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

CASE FINDING

Both users and nonusers of care

DESCRIPTION OF CASE FINDING

Medicaid members ages 3 through 21 years as of December 31 of the measurement year who were continuously enrolled during the measurement year with no more than one gap in enrollment of up to 45 days during the measurement year

DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Medicaid members ages 3 through 21 years as of December 31 of the measurement year who were continuously enrolled during the measurement year with no more than one gap in enrollment of up to 45 days during the measurement year

Exclusions

Unspecified

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

One (or more) dental visits with a dental practitioner during the measurement year. Refer to the original measure document for Current Procedure Terminology (CPT), International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM), Healthcare Common Procedure Coding System (HCPCS), and Current Dental Terminology (CDT-2) codes to identify annual dental visits.

Exclusions

Unspecified

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

The measure is reported for each of the following age cohorts and as a combined rate:

- 4 to 6-year olds
- 7 to 10-year olds
- 11 to 14-year olds
- 15 to 18-year olds
- 19 to 21-year olds.

Note: Though the specifications are written for ages 4 through 21 years, most 3-year-olds will be captured because of the 12-month continuous enrollment specification and the members are age 4 by the end of the measurement year.

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Annual dental visit.

MEASURE COLLECTION

[HEDIS® 2004: Health Plan Employer Data and Information Set](#)

DEVELOPER

National Committee for Quality Assurance - Private Nonprofit Organization

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

1997 Jan

REVISION DATE

2000 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 374 p.

MEASURE AVAILABILITY

The individual measure, "Annual Dental Visit," is published in "HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 2000 L Street, N.W., Suite 500, Washington, DC 20036; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI on August 7, 2003. The information was verified by the measure developer on October 24, 2003.

COPYRIGHT STATEMENT

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For detailed specifications regarding the National Committee on Quality Assurance (NCQA) measures, refer to HEDIS Volume 2: Technical Specifications, available from the NCQA Web site at www.ncqa.org.

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